

PRINTED: 06/10/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL079083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/28/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RED SPRINGS ASSISTED LIVING

1301 E. FOURTH AVENUE
RED SPRINGS, NC 28377

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This is a Report of a Complaint Investigation conducted by Greg Cates and Billy S. Bryant on May 28, 2015. Based on our records, this facility was first licensed or submitted for licensure on April 5, 1995 as a Home for the Aged, and licensed for Eighty-One (81) Resident Beds. the facility Based on the above information, the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1991 (1995 Rev) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1994 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. The Complaint states that the facility is a locked unit but is not licensed for Special Care residents. The complaint was Substantiated	C 000		
C 110	Plans Submittals and Approvals SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND SPECIFICATIONS (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents.	C 110		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Constance Deth, Executive Director

6/22/15

STATE FORM

6009

M7Q721

If continuation sheet 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/28/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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RED SPRINGS, NC 28377

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C 118	Continued From page 1 (b) Approval of Construction Documents and specifications shall be obtained from the Division prior to licensure. Approval of Construction Documents shall expire after one year unless a building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall submit documentation to the Division that "as built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: 1- Based on observations and our files, the facility failed to submit plans and specifications for renovations at the facility. This may affect all occupants of the building if locking systems preventing or delay the evacuation of the facility in an emergency. Findings include:	C 118	<i>"See attached"</i>	

Division of Health Service Regulation

STATE FORM

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M7Q721

If continuation sheet 2 of 3

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STREET ADDRESS, CITY, STATE, ZIP CODE

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0118	Continued From page 2 a- The existing magnetic locking system at the front entrance/ EXIT has been modified or replaced with a "wander-guard" system with the following issues, including but not limited to: 1- There were no submittals to DHSR-Construction for review and approval prior to installation of the system. 2- There is no emergency release switch within 3 feet of the front entrance/ EXIT. 3- When the front entrance/ EXIT door lock is engaged due to the proximity of a transmitter, the lock will release upon activation of the fire alarm system. However, the door will relock prior to the fire alarm being reset. 4- There is not a schematic of the magnetic locking/ wander guard system at the fire alarm panel.	C 118	<i>"See Attached"</i>	

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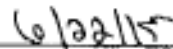
9900

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If continuation sheet 3 of 3

**Plan of Correction for DSHR Construction****Survey Date 5/28/2015****Area of Non-Compliance--****Section .0300 Physical Plant****10A NCAC 13F. .0304 Plans and Specification****Corrective Actions**

1. Letter requesting modification to existing magnetic locking system for front door entrance/exit attached submitted to DSHR Construction. 6/22/2015
2. Emergency Release switch has been installed within three feet of the front entrance/exit and was installed by Patriot Systems, LLC. 6/5/2015
3. Emergency Release switch was installed at the door exit and the system configured so that the door lock does not engage before the fire panel has been reset. 6/5/2015
4. Schematic of the magnetic locking/wander-guard system is placed at the fire panel. 6/22/2015


Executive Director Signature
Date



Victorian SENIOR CARE

June 19, 2015

Mr. Greg Cates
DHSR Construction Section
2706 Mail Service Center
Raleigh, NC 27603

Mr. Cates,

Red Springs Assisted Living (License HAL 078083) requests approval from DHSR Construction for the addition of a wander-guard system to the existing magnetic locking system at the front entrance/exit door only.

The system is installed by Patriot Systems, LLC whose contact information is as follows:

Patriot Systems LLC
7339-F West Friendly Avenue
Greensboro, NC 27410
Phone: 336-287-2171
www.patriotsystems.biz

A schematic is attached.

Thank you for consideration of the modification request.

Sincerely,

Jennifer B. Swift

Jennifer B. Swift
Regional Director

